


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90267 021 \*\*\*138.75

**DOCUMENT # L05000118302**

1. Entity Name  
**GELI DE MORA LLC**



Principal Place of Business      Mailing Address  
**1500 CORAL WAY**      **1500 CORAL WAY**  
**MIAMI, FL 33145**      **MIAMI, FL 33145**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**60018256**



03252008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**APPLIED FOR 20-3937782**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTELLANO, GIOVANNI**  
**1688 CORAL WAY**  
**MIAMI, FL 33145**

*DELETE*

7. Name and Address of New Registered Agent

Name **ALEX ORTIZ**

Street Address (P.O. Box Number is Not Acceptable)  
**374 SEVILLA AVE**

City **CORAL GABLES**      FL      Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alex Ortiz*      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MORA, MARCOS	
STREET ADDRESS	1500 CORAL WAY	
CITY-ST-ZIP	CORAL WAY, FL 33145	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VERDUZCO, ANGELES	
STREET ADDRESS	1500 CORAL WAY	
CITY-ST-ZIP	CORAL WAY, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*      Date **03-26-2008**      Daytime Phone # **305 856 1080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE